

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2879

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
3	John Solomon Lindsey	John Sullivan Lindsey
9	54	55
11	Ardmore, Oklahoma	Oklahoma City, Oklahoma

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 8 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 4806 E. 41st Street	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN Solomon LINDSEY		4. DATE OF DEATH Month Day Year MAY 19, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-09
9. AGE (last birthday) 55 54		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Salesman		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co	
11. BIRTHPLACE (City and state or country) Ardmore, Okla-City, Okla		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME King Lindsey		13b. MOTHER'S MAIDEN NAME Nellie Gross	
14. NAME OF HUSBAND OR WIFE Harriet Lindsey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT Harriet Lindsey (Wife) VA HOSPITAL OFFICIAL RECORDS, K.C. MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HYPOXEMIA DUE TO (b) CEREBRAL VASCULAR DISEASE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SEPTICEMIA			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. VA attended the deceased from 5-7-63 to 5-19-63 Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John D. Hallewell, M.D.		22b. ADDRESS VA Hospital, K. C. Mo.	
22c. DATE SIGNED 5-19-63		22d. LOCATION (City, town, or county) (State) Kansas City Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-22-1963	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. DATE RECD. BY LOCAL REG. 5-20-63	
24. FUNERAL DIRECTOR ellody-McGilley-Eylar 20 W. Winwood		25. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gerald A. Burges

Licensed Embalmer No.

4763

P. O. Address

*9648 Roe Ave
Shawnee Mission, Kans.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.